

# NUTRI-SPEC



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## THE NUTRI-SPEC LETTER

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From:  
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Dear Doctor,

Do you have **BIG MO** on your side?

### **BIG MO CAN MAKE OR BREAK YOUR PRACTICE.**

More to the point of this Letter, BIG MO will carry you to phenomenal success as a NUTRI-SPEC practitioner. The absence of BIG MO in your practice will, on the other hand, leave you impotent and frustrated as a clinical nutritionist. **MO** – momentum --- either move dynamically forward with its invigorating power, or endlessly spin your stuck-in-the-mud wheels without it.

Doctors who have themselves and their staff geared up to do NUTRI-SPEC on a daily basis perform NUTRI-SPEC testing as part of their regular office routine. They very quickly develop NUTRI-SPEC MOMENTUM, as the testing and analysis become a smooth and effortless downhill ride. But for doctors who have not fully integrated NUTRI-SPEC into their practice, NUTRI-SPEC testing becomes a break in routine --- an almost overwhelming uphill climb. NUTRI-SPEC MOMENTUM makes all the difference in the world. --- Are the demands of clinical nutrition a burden, or, does the joy of clinical nutrition make it ...

### **A LABOR OF LOVE?**

The interesting thing about labors of love is that they tend to be self-reinforcing. What a delightful positive feedback loop --- the more we love some activity, some person, or some cause, the more passionately we pursue it. The more passionately we pursue it, the more satisfying love

we derive from it, thus leading us to pursue it ever more fervently. Yes, the loves of our lives are precious, and we have been blessed with a seemingly infinite capacity to give and receive love. Generate some momentum in your NUTRI-SPEC practice and you will absolutely love it; the more you love it, the more momentum you will spontaneously generate. Life can be oh so good.

In the interest of helping you pick up some NUTRI-SPEC MOMENTUM, last month's Letter showed you a smoother ride through your Quick Reference Guide analysis. Your new QRG gives you many changes that increase both your speed and accuracy in finding the ideal combination of supplements for every individual. So, it is time for your fresh start --- a high momentum burst into a successful NUTRI-SPEC practice. Once you get your momentum going, the value you add to the lives of patients you serve will be gratifying beyond your grandest expectations. Furthermore, the value added to the wealth of your practice can be staggering.

The first step toward revving up your momentum is to ...

### **STOMP ON THE ACCELERATOR.**

Mentally and physically prepare yourself and your staff to do NUTRI-SPEC on more people --- then do it. If you have a mixed practice --- you offer clinical nutrition as one aspect of your medical or chiropractic service --- then simply offer NUTRI-SPEC to a higher percentage of your patients. Remember, the vast majority of the people you serve are self-supplementing with all manner of health food store nonsense. These people will be absolutely thrilled if you, the doctor they respect, offer to guide them in their quest for good nutrition by offering scientific testing and analysis. Once you make a habit of reaching out to these people, that is, once you have momentum in routinely explaining the benefits of nutritional specificity and the potential harm from supplementation without regard to metabolic balance --- extending your offer will become as natural and effortless as saying, "Good morning."

When you are routinely testing many patients each day, the key to generating ever-more momentum, is to ...

### **PRODUCE THE CLINICAL SUCCESSES THAT NUTRI-SPEC PROMISES.**

The first step in that direction, is to present NUTRI-SPEC metabolic balancing to your patients as described in last month's Letter. Thoroughly explain to your patients on their first visit the concept of striving for metabolic balance through individualized diet and

supplement recommendations that are based upon objective test procedures. Emphasize that you have the means to monitor changes in their body chemistry with your procedures such that over time you can guide them to a life-enhancing increase in adaptative capacity by restoring metabolic balance, and by increasing their vital reserves.

Make certain your patients understand the essentiality of follow-up tests with the explanation that, “Your test results from today give us a good starting point from which to begin metabolic balancing, and, a set of test results to serve as a reference point from which to monitor your progress. The initial recommendations we are making serve only as a clinical trial. We will do your first follow-up testing in just a few days. Those tests will show how you have responded to your supplementation and eating plan, and will give us more information on the quickest way to achieve metabolic balance. We may need to make changes --- and actually hope we need to make changes --- in a few days, based on changes in your test results.”

### **DO YOUR FOLLOW-UP TESTING ON TIME.**

--- You will be amazed how it increases your success rate.

To further enhance your clinical success rate, and to increase your appreciation of proper follow-up testing, you need to review the section called “Timing” on pages 22 and 23 of your NUTRI-SPEC manual. You will learn on those pages that there are mechanisms at work in your patients related to metabolic diurnal cycling that you will commonly encounter, and that can yield either ---

### **FALSE NEGATIVES OR FALSE POSITIVES ---**

for certain imbalances on your initial testing. Suppose you test a patient who does not have an anaerobic metabolic imbalance, but who on his first test shows a false positive anaerobic test pattern due to some medication (that he failed to reveal to you), or, due to the timing of the test during the relatively anaerobic phase of his daily cycle. You will put your patient on the anti-anaerobic supplementation indicated by your QRG.

What do you find on your first follow-up testing within a week? Your Oxygenic A and Oxygenic A+ recommendations have either caused or revealed a dysaerobic imbalance. Now, before we discuss what should be done on this first follow-up test, let us consider what would have happened had you let this patient go for an entire month before a return visit. Very likely in 4 weeks you would be calling NUTRI-SPEC with a frantic report that your NUTRI-SPEC supplements caused your patient

to break out in a rash, and that he has been suffering from terrible headaches and terrible indigestion. At that 4 week point in time, your patient's test results may or may not give us a clear indication of what to do. If we are lucky, his test pattern is strongly dysaerobic and we know to get off the anti-anaerobic regimen and do a follow-up very soon to see if he needs an anti-dysaerobic regimen.

Regrettably, the clinical picture is rarely that clear. You see, after a month of being assaulted with anti-anaerobic supplementation, your patient's body will begin to do its best to ...

### **PUT UP AN ANTI-DYSAEROBIC DEFENSE ...**

against the supplements that are pushing him dysaerobic. So --- after 4 weeks he may show no anaerobic or dysaerobic test pattern at all, or, he may even continue to test somewhat anaerobic in response to anti-anaerobic supplementation. "Oh boy, this is really getting complicated," you may be thinking. --- Not at all --- this concept of the body putting up a defense against elements that would force the chemistry out of balance, is easily understandable. The clinical challenges presented by such a defense, however, can be avoided entirely by properly monitoring your patients.

Now, consider what you should do about the dysaerobic test results on this patient who tested anaerobic only 5 days ago. You cannot be certain if your anti-anaerobic supplements caused the dysaerobic test pattern or revealed a dysaerobic imbalance that was there but hidden by a combination of medications and timing. What do you do? Stop the Oxy A and Oxy A+ entirely; then, you need a third test very soon. If the anti-anaerobic regimen caused a transient dysaerobic test pattern, it will have disappeared; if a true dysaerobic imbalance was revealed, it will likely show up on a third test, and you can treat accordingly.

These false positives are not at all common, yet the cost of missing one is dear, while the ounce of prevention is very reasonable --- simply do your first follow-up within a week. Of course there is a third reason why you may find a dysaerobic test pattern after only 5 days of anti-anaerobic supplementation. It may not be that the supplements caused a dysaerobic imbalance, nor that they revealed a dysaerobic imbalance, but it is not uncommon to totally correct an anaerobic imbalance within a few days. Oxygenic A-Plus, when used as per your QRG analysis, and particularly if recommended in the form of an Oxy A+ saturation to bowel tolerance, has a powerful effect on tissue pH and membrane permeability. So, your patient's true anaerobic imbalance is resolved, and that resolution will be confirmed on your third testing. But again, imagine what would have happened had this patient continued to take

Oxy A and Oxy A+ for an entire month when the imbalance was corrected in a week. His body would have put up an anti-dysaerobic defense against the supplementation and actually created a more extreme anaerobic imbalance than he had to start with, even though he was taking anti-anaerobic supplementation. Yes, that paradox can occur, but it is of no concern of yours if you are properly monitoring your patients.

One more note about false positive test patterns: What do you do when faced with questionable test patterns, or rapidly switching test patterns? First, remember that the NUTRI-SPEC staff is always a fax or phone call away. We are quite happy to do what we can to assure your success. Given the test results, and the patient's history, we can generally make a pretty good guess as to whether you should or should not treat a test pattern. But if you decide to go it alone without our advice, what is the worst that could happen? If you decide not to treat a test pattern, you may delay confirming it for all of 7 days, until you do your first follow-up. Or, if you decide to treat a test pattern that turns out to be a false positive, you may give the patient inappropriate supplementation for 7 days or less. Either way, within a week you will have your patient on the way to metabolic balance.

Here is another concept you must understand to maintain the momentum of your successful NUTRI-SPEC practice. Some patients have major anaerobic/anabolic pathologies operating concurrently with major dysaerobic/catabolic pathologies. As always, the key to managing these patients is proper patient monitoring with your objective testing system. Often your patient is "stuck" in his defense against one of those pathologies, yielding a clear anaerobic or dysaerobic test pattern upon testing. But --- when that test pattern responds (be it the 2<sup>nd</sup> or the 100<sup>th</sup> follow-up test) the opposite test pattern will be evident.

What do you do when a patient whom you have treated for months as a dysaerobic imbalance now begins to show anaerobic tests, and ultimately over time, a full blown anaerobic imbalance? You can be completely at ease because your QRG has kept you continuously apprised of your patient's needs. All along the way you have been guided to gradually decrease the anti-dysaerobic supplementation to the point where it is eliminated altogether. At that time, if the anaerobic tendency diminishes, then you no longer have either dysaerobic nor anaerobic concerns. However, if the anaerobic test pattern continues to progress even without the anti-dysaerobic supplementation, then you know this is a patient who had concurrent anaerobic and dysaerobic pathologies. Now, your QRG instructs you on just how much anti-anaerobic supplementation is needed.

Also understand that in these patients with concurrent major anabolic and catabolic pathologies you would have, over a period of months in most cases, transitioned into the Diphasic Nutrition Plan. You have given your patient the best of all possible nutrition worlds. He has had his catabolic pathology neutralized, he has had his vital reserves increased dramatically with the Diphasic Plan (including the protective effects of Oxy Power), and, he has now had his anabolic pathology exposed, soon to be corrected. As you would have transitioned this patient into the Diphasic Nutrition Plan, your Master Blaster would have done a lot to reveal his status regarding anabolic and catabolic pathologies.

Once your practice is a big ball of NUTRI-SPEC MOMENTUM, ever accelerating down the smooth road of success, you will easily handle another interesting aspect of restoring metabolic balance. You will love the types of cases I am about to describe, because they tend to be some of your most dramatic "miracle cures." Consider this:

**THE ANAEROBIC OR DYSAEROBIC CHARACTER OF SOME  
PATHOLOGIES CAN LITERALLY CHANGE OVER TIME.**

This change is often in response to your therapeutic intervention with either Oxy A+ or Oxy D+, but not necessarily so. Arthritis is a common example. A patient tests anaerobic and his arthritic pain improves under an anti-anaerobic regimen, and may even disappear. But --- the pain at some point returns. The patient then tests dysaerobic, and an anti-dysaerobic regimen gives not only lasting metabolic balance, but permanent resolution of the arthritic pain. Revici described many such cases, and I have experienced many of them myself --- dramatic symptomatic improvement accompanied by a resolution of the first imbalance found, followed at some point by an exacerbation of symptoms, accompanied by dramatic reversal in the test pattern. I have seen these dramatic double turn-arounds in cases of migraines, arthritis, PMS, and allergies.

Use the tips in this letter to enhance your understanding of metabolic testing. Generate some NUTRI-SPEC MOMENTUM. --- Once you do, BIG MO is all you'll know. You will love it; and your patients will love it. Your first step is to begin thinking in terms of objective testing, looking at your patients solely in terms of metabolic imbalances. Simultaneously, get your staff up to speed in assisting you with test procedures. The more surface tensions and blood pressures you and your staff do, the more surface tensions and blood pressures you CAN do. Once you hitch a ride on BIG MO --- love, joy, and prosperity are yours for a lifetime.